

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-600)**

SERIAL NO.

09/591928

FILING DATE

6/12/00

APPLICANT

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	W/O.	DEF.	W/O.	DEF.	W/O.	DEF.
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TOTAL	3				3	
TOTAL	22				22	
TOTAL	25				25	

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